District of Columbia

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in the District of Columbia

As of July 2003, 131,927 people were covered under the District of Columbia's Medicaid/SCHIP programs. There were 128,185 people enrolled in the Medicaid program and 3,742 enrolled in the Medicaid SCHIP expansion program. The District of Columbia does not have a separate SCHIP program. In State fiscal year 2001, the District of Columbia spent $830 million to provide Medicaid services.

Approved and implemented in 1998, the District of Columbia obtained a Medicaid/SCHIP §1115 waiver from the Federal government to establish a new program, DC Healthy Families. This program makes health insurance available to a number of previously uninsured families and individuals with incomes up to 200 percent Federal Poverty Level (FPL). In the District of Columbia, low-income children may be enrolled in the Medicaid program or a SCHIP Medicaid expansion program, based on the child's age and the family's income.

- The Medicaid program serves children under age 1 from families with incomes of 185 percent FPL or less; children aged 1–5 from families with incomes of 133 percent FPL or less; and children age 18 or under from families with incomes of 100 percent FPL or less.
- DC Healthy Families makes health insurance available to children under 18 in families with up to 200 percent FPL who do not otherwise qualify for Medicaid. There are no cost-sharing requirements under the DC Healthy Families program.

The District of Columbia operates two managed care programs that deliver mental health and substance abuse benefits:

1. All Medicaid beneficiaries who qualify for Medicaid through receipt of Temporary Assistance for Needy Families (TANF) or as a member of a low-income family are required to enroll in a comprehensive managed care organization (MCO) that delivers mental health and substance abuse services.

2. Medicaid beneficiaries under age 21 who qualify for the program through receipt of Supplemental Security Income (SSI) may either receive all services through fee-for-service, or join the Health Services for Children with Special Needs (HSCSN) program, an entity that manages the program's provider network and fully integrates physical, mental, and substance abuse services.

All beneficiaries who are not enrolled in managed care may receive mental health and substance abuse services on a fee-for-service basis. As of July 2003, there were 128,185 Medicaid beneficiaries in the Medicaid program, with 88,268 enrolled in managed care.

Medicaid

District of Columbia

Data as of July 2003

Who is Eligible for Medicaid?

Families and Children

1. Pregnant women and parents of children under age 18 with a family income of 185 percent FPL or less.
2. Children under age 1 from families with incomes of 185 percent FPL or less.
3. Children aged 1–5 from families with incomes of 133 percent FPL or less.
4. Children aged 6–18 from families with incomes of 100 percent FPL or less.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

Aged, Blind, and Disabled

1. Individuals who are eligible to receive SSI or DC's supplementary payment.
2. Aged, blind, or disabled individuals whose income does not exceed 100 percent FPL.
3. Determinations are made by Federal authority: the Social Security Administration makes disability determinations on a case-by-case basis.
4. Individuals who are in institutions for at least 30 consecutive days and who earn no more than 300 percent of the level of income needed to qualify for SSI ($1,600 per month if single or $2,100 per month if a married couple).

Medically Needy

Members of the following groups may qualify for Medicaid coverage as medically needy if they have sufficient medical expenses.

1. Pregnant women (who except for income/resources would be eligible) and newborn children.
2. Children under age 21.
3. Aged, blind, and disabled.
4. Caretaker relatives.

Waiver Populations

A §1115 waiver allows the District to cover childless adults aged 50–64 with incomes up to 50 percent FPL. This group receives all services presently available to traditional Medicaid-eligible customers.

What Mental Health/Substance Abuse Services Are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of services District of Columbia Medicaid covers and the coverage requirements for those services. The services are presented as they are grouped in the Medicaid State plan that the District of Columbia must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

District of Columbia

Data as of July 2003

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Mental health	As required under Medicaid law, the District covers general inpatient hospital services. It does not cover services for treatment of mental health or substance abuse conditions, except for services provided to— • Children under age 21 as described under EPSDT • Beneficiaries under age 22 as described in Inpatient Psychiatric Services	See tables listing EPSDT and Inpatient Psychiatric Services for persons under age 22

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	Substance abuse and mental health services that would be covered if provided in another setting may be covered when provided in an outpatient hospital setting.	• The service must be within the scope of practice of the practitioner providing the service. • Services must meet the coverage requirements specified under Rehabilitative Services.
Federally Qualified Health Centers (FQHCs)	FQHCs may provide mental health and substance abuse services that meet the coverage requirements identified under Rehabilitative Services	• The service must be within the scope of practice of the practitioner providing the service. • Services must meet the coverage requirements specified under Rehabilitative Services.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Mental health and substance abuse treatment services provided by a physician, including a psychiatrist acting within his/her scope of practice as defined in District law	• Patients addicted to narcotics are prohibited from receiving methadone treatment unless it is rendered by providers specifically authorized to do so by the Alcohol and Drug Abuse Services Administration of the Department of Human Services. • Services must meet the coverage requirements specified under Rehabilitative Services.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services for Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	Under EPSDT, members under age 21, including parents, may receive in-home psychotherapy, mental health day treatment, and specialized psychological evaluation for conditions where a limited number of providers are qualified.	• Service must be needed to ameliorate or treat a condition identified in an EPSDT screen. • Any program provider may deliver EPSDT services but must follow the EPSDT Medical Protocol and Periodicity Standard. • Beneficiaries must meet the eligibility requirements of EPSDT.

Optional State Plan Services

District of Columbia

Data as of July 2003

Inpatient Psychiatric Services (for persons under the age of 22)		
Service	Description	Coverage Requirements
Inpatient psychiatric facility services for individuals under age 22	Inpatient psychiatric services provided to beneficiaries under age 22	All admissions and lengths-of-stay must be prior-authorized by the Medicaid agency or its designated agent.

Rehabilitative Services		
Service	Description	Coverage Requirements
Mobile community outreach treatment teams	Evaluation of participants at regular intervals to determine ability to function in work, social and self-care roles without requiring professional assistance	• Beneficiaries may receive services that are medically necessary. • Patients must meet the program's standards. • Beneficiaries must receive prior authorization for preventive services. • Beneficiaries must receive services from a physician who is currently certified.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	To assist eligible individuals in accessing the system for medical, mental, social, educational, and other ancillary services Services include developing a service plan, coordinating services in accordance with service plan, linking individual to services, and monitoring and tailoring services.	• Clients with a chronic mental illness, dependent on the public care system, and approved as appropriate for outplacement are eligible for TCM. • Clients must be one of the following: – Adults aged 22–64 in a residential public health supported facility. – Persons aged 64 and over who currently reside in a public mental health facility. – Adults aged 22–64 and persons aged 64 and over at risk of readmission to a public mental health facility. – Adults aged 22–64 and persons aged 64 and over who are mentally ill and homeless. – Adults aged 22–64 and persons aged 64 and over who have had at least three emergency room and/or outpatient Department visits within the past 6 months as the primary site for psychiatric intervention. – Adults aged 22–64 and persons aged 64 and over with a mental diagnosis of chronic illness including schizophrenia, affective major disorder, or bipolar disease. • A client's service plan must be updated as appropriate no less frequently than once every 180 days. • Beneficiaries less than 22 or over 64 residing in institutions for mental diseases shall be limited to 30 days of case management immediately preceding departure. • Institutionalized individuals cannot receive case management for more than two predischarges in 12 months.

District of Columbia

Data as of July 2003

SCHIP Medicaid Expansion Program

Who Is Eligible for the SCHIP Medicaid Expansion Program?

The District's SCHIP program, DC Healthy Families, covers three groups of children.

1. Infants in families with incomes between 185 and 200 percent FPL
2. Children aged 1–5 in families with incomes between 185 and 200 percent FPL.
3. Children aged 6–18 in families with incomes between 185 and 200 percent FPL.

What Mental Health/Substance Abuse Services Are Covered by the SCHIP Medicaid Expansion Program?

Service coverage in the DC Healthy Families is identical to coverage in the Medicaid program described in the previous section.

Separate SCHIP Program

The District of Columbia does not operate a separate SCHIP program.